

FORWARD APPLICATION TO:

ARKANSAS TOBACCO CONTROL

CLASS CODE: 5351

Arkansas Tobacco Control
101 E. Capitol Ave., Suite 401
Little Rock, AR 72201-3826

Phone: (501) 682-9756

Fax: (501) 682-9760

www.atc.ar.gov

PERMIT NO. _____

Application for
**MANUFACTURER TOBACCO, VAPOR PRODUCT
AND ALTERNATIVE NICOTINE PRODUCT PERMIT**

Type or print legibly:

NAME OF BUSINESS _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____ COUNTY _____
MAILING ADDRESS _____
E-MAIL ADDRESS _____
FEIN NUMBER _____

Separate applications must be filed for a manufacturer cigarette permit, manufacturer tobacco, vapor product and alternative nicotine product permit, wholesale cigarette or wholesale tobacco, vapor product and alternative nicotine product permit, wholesale sales representative permit, retail cigarette, tobacco, vapor product and alternative nicotine product permit, tobacco, vapor product and alternative nicotine product vendor permit, and manufacturer's representative permit. Separate applications must also be filed for each established place of business.

Type of business: (check one) Sole Proprietorship ☐ Corporation: Publicly traded? Y ☐ N ☐
Partnership ☐ C Corp. ☐
LLC ☐ S Corp. ☐
Other type (specify) ☐ _____

NAMES OF OWNERS, PARTNERS, OFFICERS AND DIRECTORS:

Name _____	Title _____	Name _____	Title _____
Residence Address _____		Residence Address _____	
City _____ State _____ Zip _____		City _____ State _____ Zip _____	

LIST ADDITIONAL PERSONS ON PAGE 2 OF THIS FORM

The undersigned applicant hereby declares and signs under penalty of law that the information provided on this application is true and correct to the best of his knowledge and belief, and that he will faithfully comply with all tobacco and vapor laws in the State of Arkansas including, but not limited to, the "Unfair Cigarette Sales Act," A.C.A. §4-75-701 et seq., the "Arkansas Tobacco Products Tax Act," A.C.A. §26-57-201 et seq., and A.C.A. §5-27-227, controlling the provision of minors with tobacco, vapor and alternative nicotine products, cigarettes and e-liquids, and the placement of tobacco and vapor vending machines, all rules promulgated pursuant thereto, and all lawful orders of the Arkansas Tobacco Control Board. Applicant understands and agrees that any intentional false or misleading information, of any nature, or relative to any item, will be sufficient grounds for denial or subsequent revocation of the Permit for which he is applying.

Printed Name _____ Title _____

Signature _____ Date _____

PERMIT FEE TO ACCOMPANY APPLICATION: \$500.00 (Do not send cash)

TYPE 111

NAMES OF OWNERS, PARTNERS, OFFICERS, LLC MEMBERS AND DIRECTORS:

Name	Title
Residence Address	
City	State Zip

Name	Title
Residence Address	
City	State Zip

Name	Title
Residence Address	
City	State Zip

Name	Title
Residence Address	
City	State Zip

Name	Title
Residence Address	
City	State Zip

Name	Title
Residence Address	
City	State Zip

Name	Title
Residence Address	
City	State Zip

Name	Title
Residence Address	
City	State Zip

Name	Title
Residence Address	
City	State Zip

Name	Title
Residence Address	
City	State Zip

Name	Title
Residence Address	
City	State Zip

Name	Title
Residence Address	
City	State Zip

Name	Title
Residence Address	
City	State Zip

Name	Title
Residence Address	
City	State Zip

Name	Title
Residence Address	
City	State Zip

Name	Title
Residence Address	
City	State Zip